

**(Agency's Letterhead)**

Date:  
Account No.:

Department of Alcoholic Beverage Control  
3810 Rosin Ct., Suite 150  
Sacramento, California 95834

Gentlemen:

Please release our withhold against the liquor license transfer involving the licensee named herein.

\_\_\_\_\_, Licensee

\_\_\_\_\_, Transferor

\_\_\_\_\_, Transferee

ABC File No. \_\_\_\_\_

Liquor License No. \_\_\_\_\_

Thank you,

\_\_\_\_\_, County Tax Collector

By: \_\_\_\_\_, Deputy